_									
	Connecticut Departme	nt of Public H	ealth	Dri	nking	Water	Se	ection	
	Water Quality M				U				
PWS ID	PWS Name	iomtoring am						ner Tyne Di	rimary Source
CT0940014	GOSPEL HALL				NC	25	OVV	P	GW
	where applicable)	Service	Resident		Commercia		ı	Combined	Agricultural
345 EAST CEDA		Connections	Resident	liai C	1	inaustria	"	Combined	Agriculturur
Towns Served: I									
Towns serveur		Monitoring Requ	iremei	nts					
Water System	Facility: DISTRIBUTION SYSTEM								
Total Coliforn	n (3100)					1	rou	ıtine (RT) ı	per quarter
	Point (Sampling Point ID)		Monitorii	ng Pei	riod Co	llection Per			ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 -	12/31	1/18				
			1/1/19 -	3/31/	/19			Co	mplete
			4/1/19 -	6/30/	/19				
			7/1/19 -	9/30/	/19				
<b>Physical Para</b>	meters (PPS)					1	rou	ıtine (RT) ı	oer quarter
Sampling I	Point (Sampling Point ID)		Monitori	ng Pei	riod Co	llection Per	iod	Compli	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 -	12/31	1/18				
			1/1/19 -	3/31/	/19			Co	mplete
			4/1/19 -	6/30/	/19				
			7/1/19 -	9/30/	/19				
Water System	Facility: ENTRY POINT (WSF ID:	00700)							
Nitrate And N	litrite (NOX)						1	routine (R	T) per year
Sampling I	Point (Sampling Point ID)		Monitorii	ng Pei	riod Co	llection Per	iod	Compli	ance Status
ENTRY POI	NT (3)		1/1/18 - 1	12/31	/18			Co	mplete
			1/1/19 - 1	12/31	/19				
			1/1/20 - 1	12/31	/20				
	Publi	ic Notification R	equire	mer	nts				
		Compliance	Notice		Public No	tification		PN Cert	<u>ification</u>
Violation/Situa	tion	Period	Tier	R	Required	Performed	l E	Due to DPH	Received
Physical Parame	eters M&R Violation	10/1/18 - 12/31/18	3	2/	/11/2020	3/26/2019	) ;	2/21/2020	3/26/2019

Public Notification Requirements									
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/11/2020	3/26/2019	2/21/2020	3/26/2019			
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/11/2020	3/26/2019	2/21/2020	3/26/2019			

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
21623	WELL	2	WELL	Α						

			C	ontact Inf	ormation				
Name				Organization	ı			Job Title	
Gospel Hall									
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Code
345 East Cedar St						Newingto	on	СТ	06111
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	dress		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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	Wate	r Qua	lity Mon	itoring a	nd Con	ıplia	nce S	chedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	e Pr	imary Source
СТ0940014	OSPEL HALL					N	С	25	Р		GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	l Industri	al Combin	ned	Agricultural
345 EAST CEDAR S	STREET			Connection	ns		1				
Towns Served: NE	WINGTON			'	<u> </u>						
Contact Role(s):	Owner										
Name				Organization					Job Tit	tle	
Mr. William Breso	ia			Gospel Hall							
Mailing Address Li	ine One		Mailing Addr	ress Line Two				City	State	ة	Zip Code
345 East Cedar Sti	reet						Newing	ton	СТ		06111
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	Phone	Email A	ddress			
860-604-7305							wbresc	a@me.com	า		
6 6 ( )							-				

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut De	•				_	_		ection		
		Quality Monit	oring and	a Com					ı		
PWS ID	PWS Name						-		ner Type	Prin	nary Source
СТ094002					NO	С	2		Р		GW
Local Addı	ress (where applicable)		Service	Resident	ial Cor	mmerci	ial In	dustrial	Combine	ed A	Agricultura
2273 BERL	IN TURNPIKE		Connections			1					
Towns Ser	ved: NEWINGTON									_	
			oring Requ	iremei	nts						
•	stem Facility: <b>DISTRIBUTIO</b>	ON SYSTEM (WSF I	D: 00600)								
	liform (3100)								<del>-</del>		r quarter
-	oling Point (Sampling Point ID)			Monitorii			Collecti	ion Period			ce Status
Selec	t from Inventory of Active Sam	pling Points	1	10/1/18 -							olete
				1/1/19 -	3/31/19	9			(	Com	olete
				4/1/19 -	6/30/19	9			(	Com	olete
				7/1/19 -	9/30/19	9					
-	Parameters (PPS)							1 ro	utine (RT	) pe	r quarter
Samp	oling Point (Sampling Point ID)			Monitorii	ng Perio	od C	Collecti	ion Period	l Com	olian	ce Status
Selec	t from Inventory of Active Sam	pling Points	1	10/1/18 -	12/31/2	18			(	Com	olete
				1/1/19 -	3/31/19	9			(	Com	olete
				4/1/19 -	6/30/19	9			(	Com	olete
				7/1/19 -	9/30/19	9					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine	(RT)	per year
Samp	oling Point (Sampling Point ID)		ı	Monitorii	ng Perio	od C	Collecti	ion Period	l Com	olian	ce Status
ENTR	RY POINT (3)			1/1/18 - 1	12/31/1	.8			(	Com	olete
				1/1/19 - 1	12/31/1	.9			(	Com	olete
				1/1/20 - 1	12/31/2	20					
		Other C	ompliance	Sched	ules						
Complian	ce Schedule Activity			E	ue Dat	e		Achieved	l Date		
RESPOND	TO SANITARY SURVEY			5,	/31/201	17					
	Wate	er System Facili	ty and San	npling	Point	Inve	ntor	У			
Water		-	-			T	otal	Lead and	1		
System	Water System Facility	Sampling Point	Sampling Poir	nt		Col	iform	Copper			Stage
Facility ID	)	ID	Description		Stat	tus F	Rule	Rule Tie	r Asbesto	s W	QP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	١	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α	1					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α	\					
00700	ENTRY POINT	3	ENTRY POINT		А	١					
21624	WELL	2	WELL		Α	١					
		Con	tact Inforn	nation							
Name			ganization						Job Title	2	
Mr. O.C. S	ihah		-View Hotel/Pl	vmouth I	odge		Pre	sident	100 1100	-	
	ddress Line One	Mailing Addres		,	- ~0~		Cit		State	7	ip Code
		aming / taures	2					-1	State		- p - 0 0 0 0

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Newington

Emergency Phone Email Address

860-258-3834

CT

06037

697 Berlin Tpke

**Business Phone** 

860-828-9200

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-828-4402

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quarry	Monitoring and	u Gon	upi	lance :	ciicaai	C	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0940024	HI-VIEW MOTEL				NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
2273 BERLIN TU	Connections			1				
		<u> </u>					•	

## Towns Served: NEWINGTON

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
		Water Quality Monito	oring an	d Con	npl	liance S	Schedul	e			
PWS ID	PWS Nar	ne			Cla	ssification	Population	Owner Type	Primary Source		
СТ0949074	NEWING	TON VA MEDICAL CENTER-BLDGS 3	<b>&amp;</b> 42			NC	43	F	SWP		
Local Address (	where app	licable)	Service	Resider	ntial	tial Commercial Indus		al Combine	ed Agricultural		
555 WILLARD A	VE		Connections	2		2					
Towns Served:	NEWINGT	NC					·				
		Monito	ring Requ	ıireme	nts	3					
Water System	Facility:	DISTRIBUTION SYSTEM (WSF IE	): 00600)								
<b>Total Coliforn</b>	n (3100)						1	routine (R1	) per quarter		
Sampling	Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance Status										

-			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points	<b>Monitoring Period</b> 10/1/18 - 12/31/18	Collection Period	Compliance Status Complete
		Collection Period	•
	10/1/18 - 12/31/18	Collection Period	Complete

Monthly Water System Facility (WSF) Level Monitoring Requirements

1110	inding traces by sterm radinity	110.,	C		1143
Water System Facility:	TREATMENT PLANT (WSFID: 00700)	)			
Analyte	Monitoring Requirement (Summary T	ype)	Operating Limit	t	Samples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PH	IOS)	Minimum: 0.3	MG/L	2
<b>Start Date:</b> 12/1/2013	3	Compliance	History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2018 -	11/30/2018		N
		12/1/2018 -	12/31/2018		N
		1/1/2019 - 1	/31/2019		N
		2/1/2019 - 2	2/28/2019		N
		3/1/2019 - 3	3/31/2019		

Other C	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2020		

4/1/2019 - 4/30/2019

Water System Facility and Sampling Point Inventory										
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage	
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR	
00600	DISTRIBUTION SYSTEM	3-111A	DISTRIBUTION SYSTEM	Α	Υ					
		3-210	BLDG #3 2ND FLOOR	Α	Υ	2				
		3-302A	BLDG #3 3RD FL/2	Α	Υ	2				
		3-304A	BLDG #3 3RD FL/1	Α	Υ	2				
		4	DISTRIBUTION SYSTEM	Α	Υ	2				
		42-208	BLDG#42 2ND FL BATH	Α	Υ	2				
		BLDG #3 PO4	DISTRIBUTION SYSTEM	Α	Υ	2	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						

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	Water Quality Mon	nitoring and	d Con	npl	liance S	Schedul	le		
PWS ID PWS Name					ssification	Population	Owner Type	Primary Sour	
CT0949074 NEWINGTON VA MEDICAL CENTER-BLDGS 3 & 42					NC	43	F	SWP	
Local Address	Service	Residential		Commerci	al Industri	al Combin	ned Agricultura		
555 WILLARD	AVE	Connections			2				

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWINGTON

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR		
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	TREATMENT PLANT	3	TREATMENT PLANT	Α							
58542	INTERCONNECTION - (MDC)										

**Certified Operator Information** 

	-		
Water System Facility: TREAT	MENT PLANT (WSF ID: 00700)		
Facility Classification:			Certification
Operator Name	Operator Type	Certification(s)	Expiration
HARKINS, STUART A.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2019
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019
WITTENZELLNER, ROBERT	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019

Name				Organization			Job Title		
Mr. Alfred Montoy	а			Va CT Health	care System	As	Assitant Director		
Mailing Address Line One Mailing A			Mailing Add	dress Line Two		City		State	Zip Code
555 Willard Avenue						Newington		СТ	06111
Business Phone Extension Fax			N	1obile Phone	Emergency Phone	ne Email Address			
860-666-6785 860-667-6764				203-500-2983	alfred.mon	toya@va.gov			

Contact Role(s): Le	egal Contact								
Name				Organizatio	n	Job Title			
Mr. Daniel T. Wood	ł			Va CT Healthcare System Gems Program Manager					r
Mailing Address Line One Mailing Addr				Address Line Two	0	City		State	Zip Code
555 Willard Avenue					Newingt	on	СТ	06111	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Address		
860-666-6951	6952	860-666-	6832		475-355-5029	Daniel.V	niel.Wood2@VA.gov		

Contact Role(s): Administrative Contact

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